

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/743112

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS							
19		7		26							

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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS									

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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